

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
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TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.			
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS			